

James

WA 2912

KDF
Rice
4/25/1985

FRED. S. JAMES & CO. OF WASHINGTON 1700 Fourth & Blanchard Building, Washington 98121 206 623-5900

Date: 4-25-85

From: Linda Jacobson

U.S. EPA
Waste Management Branch (M/S 530A)
1200 Sixth Avenue
Seattle, Wa. 98101

- ☐ The attached endorsement effects the insurance change recently ordered.
- ☐ We enclose our invoice for the installment premium under the policy.
- ☐ Renewal policy enclosed continuing coverage.
- ☒ Certificate of insurance enclosed per your request.
- ☐

RE: CHEMICAL PROCESSORS, INC.

FILE COPY

RECEIVED
APR 26 1985

USEPA RCRA



3012258



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS
ISSUE DATE (MM/DD/YY)

4-10-85

PRODUCER

FRED.S. JAMES & CO.
1700 Fourth & Blanchard Bldg.
Seattle, Wa. 98121

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	UNITED STATES FIDELITY & GUARANTY
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

CHEMICAL PROCESSORS, INC.
5501 Airport Way S.
Seattle, Wa. 98108

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	MP064078070	4-1-85	4-1-86	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS				BI & PD COMBINED	\$ 500	\$ 500
	<input checked="" type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY		500
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS						
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
	<input checked="" type="checkbox"/> PERSONAL INJURY						
	AUTOMOBILE LIABILITY				BODILY INJURY (PER PERSON)	\$	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						
	EXCESS LIABILITY				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

EPA #WAD 000 812 917 PIER 91, SEATTLE, WA. 98119
EPA #WAD 000 812 909 734 S. LUCILLE ST., SEATTLE, WA. 98108
EPA #WAD 020 257 945 1701 ALEXANDER ST., TACOMA, WA. 98402

CERTIFICATE HOLDER

U.S. EPA
Waste Management Branch (M/S 530A)
1200 Sixth Avenue
Seattle, Wa. 98101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 60 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



UNITED STATES FIDELITY & GUARANTY COMPANY of BALTIMORE, MARYLAND hereby certifies that it has issued liability covering Bodily Injury and Property Damage to CHEMICAL PROCESSORS, INC. of 5501 Airport Way South, Seattle, Washington 98108 in connection with the insured's obligation to demonstrate financial responsibility under 40CFR 264.147 or 265.147.

The coverage applies at

EPA #WAD 000 812 909
734 South Lucille St.
Seattle, Wa. 98108

EPA #WAD 000 812 917
Pier 91
Seattle, Washington 98119

EPA #WAD 020 257 945
1701 Alexander St.
Tacoma, Wa. 98421

for sudden accidental occurrences.

The limits of liability are \$500,000 each occurrence and \$500,000 annual aggregate, exclusive of legal defense costs. The coverage is provided under policy MP064078070 and is effective April 1, 1985 to April 1, 1986.

The insurer further certifies the following with respect to the insurance described in Paragraph 1:

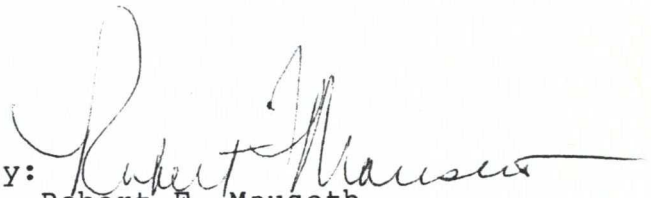
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
- (b) The insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40CFR 264.147 (f) or 265.147(f).
- (c) Whenever requested by a Regional Administrator of the U.S. Environmental Protection Agency (EPA) the Insurer agrees to furnish to the Regional Administrator a signed duplicate original of the policy and all endorsements.

JAMES

- (d) Cancellation of the insurance, whether by the Insurer or the insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Regional Administrator of the EPA Region in which the facilities are located.
- (e) Any other termination of the insurance will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Regional Administrator of the EPA Region in which the facilities are located.

I hereby certify that the wording of this instrument is identical to the wording specified in 40 CFR 264.151(j) as such regulation was constituted on the date first above written, and that the insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.

Signed By:



Robert F. Mauseth
Assistant Vice-President
Authorized Representative of
United States Fidelity and
Guaranty Co.

1700 Fourth & Blanchard Bldg
Seattle, Washington 98121



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS
ISSUE DATE (MM/DD/YY)

4-10-85

PRODUCER

FRED.S. JAMES & CO.
1700 Fourth & Blanchard Bldg.
Seattle, Wa. 98121

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EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	ASSOCIATED INTERNATIONAL, INC.
COMPANY LETTER	B	INDUSTRIAL INDEMNITY CO.
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

CHEMICAL PROCESSORS, INC.
5501 Airport Way S.
Seattle, Wa. 98108

COVERAGES

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NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY
BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDI-
TIONS OF SUCH POLICIES.

CO LTR		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
							EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY					BODILY INJURY	\$	\$
	<input type="checkbox"/> COMPREHENSIVE FORM	PROPERTY DAMAGE				\$	\$	
	<input type="checkbox"/> PREMISES/OPERATIONS	PERSONAL INJURY				\$		
	<input type="checkbox"/> UNDERGROUND							
	<input type="checkbox"/> EXPLOSION & COLLAPSE HAZARD							
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS							
	<input type="checkbox"/> CONTRACTUAL							
	<input type="checkbox"/> INDEPENDENT CONTRACTORS							
<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE								
<input type="checkbox"/> PERSONAL INJURY								
	AUTOMOBILE LIABILITY					BODILY INJURY (PER PERSON)	\$	
	<input type="checkbox"/> ANY AUTO	BODILY INJURY (PER ACCIDENT)				\$		
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)	PROPERTY DAMAGE				\$		
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)	BI & PD COMBINED				\$		
	<input type="checkbox"/> HIRED AUTOS							
	<input type="checkbox"/> NON-OWNED AUTOS							
	<input type="checkbox"/> GARAGE LIABILITY							
	<input type="checkbox"/>							
A	EXCESS LIABILITY		UL110662	4-1-85	4-1-86	BI & PD COMBINED	\$ 5,000	\$ 5,000
	<input checked="" type="checkbox"/> UMBRELLA FORM	*This policy excludes pollution liability						
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM							
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY					STATUTORY		
						\$	(EACH ACCIDENT)	
						\$	(DISEASE-POLICY LIMIT)	
						\$	(DISEASE-EACH EMPLOYEE)	
B	OTHER Pollution Liability		SE8609243	4-1-85	4-1-86	\$5,000,000 Limit		
	Sudden/Accidental					\$5,000,000 Aggregate		
	Environmental Impairment					\$ 25,000 Deductible		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

EPA #WAD 000 812 917 PIER 91, SEATTLE, WA. 98119
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EPA #WAD 020 257 945 1701 ALEXANDER ST., TACOMA, WA. 98402

CERTIFICATE HOLDER

U.S. EPA
Waste Management Branch (M/S 530A)
1200 Sixth Avenue
Seattle, Wa. 98101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ROUTING AND TRANSMITTAL SLIP

Date

4/30/85

TO: (Name, office symbol, room number,
building, Agency/Post)

Initials

Date

1. *Andy B.*

2.

3.

4.

5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Review & CMEL

*Since Wayne has a vested
interest, share findings w/
him.*

Thanks,

DO NOT use this form as a RECORD of approvals, concurrences, disposals,
clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

Phone No.

5041-102

OPTIONAL FORM 41 (Rev. 7-76)

Prescribed by GSA
FPMR (41 CFR) 101-11.206